Life Style Care plc

Princess Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We inspected this service on 7 January 2016. This inspection was unannounced. Princess Lodge Care Centre is a care home with nursing providing care and accommodation to 85 older people older people requiring personal care. On the day of our inspection 66 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected against the risks associated with the management of medicines. We identified the amount of medication in stock did not always corresponded correctly to stock levels documented on Medicines Administration Records.

Summary of findings

The environment was safe and clean. There were enough staff on duty to meet people's needs. People were assisted promptly and with no unnecessary delay. Staff and people told us there were sufficient numbers of staff on duty to meet people's needs.

There was a recruitment system in place that helped the management make safer recruitment decisions when employing new staff. People were cared for by staff that were knowledgeable about their roles and responsibilities and had the relevant skills and experience. Staff received regular appraisals and they told us they were well supported by the provider.

People told us they felt safe. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. There were appropriate assessments in place that identified risks to people. These were supported by management plans to manage any risks, ensure people's safety and promote their independence.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework that protects people's right to make their own choices. DoLS were in place to ensure people's liberty is not unlawfully restricted and where it is, that it is the least restrictive practice.

People's care needs were met and there was a calm and relaxing atmosphere at the service. People were supported by staff who respected their privacy and dignity and promoted their independence. Staff spoke about the people they cared for in a professional manner and they built positive, caring relationships with people.

People were supported to eat and drink enough to meet their nutritional and hydration needs. People told us they were happy with the food provided and commented positively on the quality of meals.

People's care documentation provided the details staff required to enable them to meet people's individual needs. This included people's wishes and preferences related to the activities.

The people we spoke with said they knew how to make a complaint if required and would feel comfortable speaking to staff if they had any concerns. The registered manager ensured when complaints had been raised these had been investigated and resolved promptly and in a timely manner.

The registered manager had quality assurance systems in place to monitor the safety and quality of the service.The registered manager ensured there were opportunities for people and their relatives to provide feedback about the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

There were systems in place to make sure people received their medications safely however we found issues around stock control.

People told us they felt safe. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.

There were sufficient staffing levels to meet people's needs.

Appropriate recruitment practices were in place which ensured that only people of good character were employed.

Requires improvement

Is the service effective?
The service was effective.

Staff received regular training to ensure they had up to date skills and knowledge relevant for their roles. They also had regular one to one meetings with their supervisor.

People were supported in line with the principles of the Mental Capacity Act 2005. DoLS authorisations had been applied for where necessary.

People were supported to eat and drink according to their choice and plan of care.

People's health care needs were being met and external professionals were consulted when needed.

Good

Is the service caring?
The service was caring.

Staff spoke to people with understanding, warmth and respect, and promoted their privacy and dignity.

Staff were professional, patient and discreet when providing support to people.

People were supported by staff who were committed and motivated to providing personalised care.

Good

Is the service responsive?
The service was responsive.

Care plans documented people's needs and they were regularly reviewed.

There were activities provided for people who chose to engage in.

Complaints were monitored and acted on in a timely manner.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

The registered manager was approachable.

There were systems in place to monitor the quality of the service provided.

Staff felt supported by the registered manager and the team.

Princess Lodge Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

This inspection took place on 7January 2016 and was unannounced. The inspection team consisted of three inspectors, a nurse Specialist Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority commissioners of the service to obtain their views.

On the day of our inspection we spent time observing care throughout the service. We also carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to thirteen people and four relatives. We also spoke with the registered manager, two nurses, ten care staff, the maintenance person, the activities coordinator, one member of the housekeeping team and the chef. We also spoke with two external professionals who had been involved with the people living at the service.

We looked at records, which included ten people's care records, the medication administration records (MAR) for people living at the home and six staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance work schedules, staff training and support information, staff duty rotas for the past four weeks and the arrangements for managing complaints.

Following the inspection we gained additional feedback from three external health and social care professionals.

Requires improvement

Is the service safe?

Our findings

People's safety in relation to medicines management was not always maintained. People received their prescribed medicines in line with directions and we saw that medication was kept securely. We observed the nurses administering medicines and we saw the medication was given to people in a safe way. We saw nurses appropriately signed the records when people were administered their medicines.

There was a medication policy in place which outlined how medicines should be safely managed. However, we identified the amount of medication in stock for two people on two different units did not correspond correctly to stock levels documented on Medicines Administration Records (MAR). A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. When we raised this with the nurses they were not able to tell us whether this was an administration error or an issue around recording the stock. We also found some of the topical medicines (creams) had no opening date recorded which meant it was not always clear whether these topical medications were still safe for use.

The above issue is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe and secure within the service. One person said "I am very safe here, they (staff) are always there if I need them". One relative said "I feel [person] is very safe here. They're well looked after". Another relative said "I visit quite a few times in a week, definitely safe, I have no concerns". An external professional commented "People remain safe and are generally well cared for".

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff we spoke with demonstrated a satisfactory knowledge of processes surrounding safeguarding people. They knew what to do if they had any concerns and told us they would have no hesitation in reporting any concerns. One staff member said "I know I could report any concerns to the head office, the Police, or Social Services if needed". Another one said "I am confident the manager would address any issues, but I know I could report externally too". A member of staff told us "I would recommend this home now to my family; it's so much better and safer now since the new manager took over".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. People's care files contained individual risk assessments relating to moving and handling, maintaining a safe environment, falls, malnutrition and dehydration. We saw these were reviewed each month. Where a risk had been identified, appropriate interventions were put in place to reduce and manage that risk. These included providing pressure relief equipment and moving and handling aids. Safety checks were recorded for equipment such as bed rails and pressure relieving mattresses.

There were sufficient staff on duty to meet people's needs. Throughout the inspection call bells were answered promptly. Staff we spoke with confirmed the expected staffing levels were achieved. One staff member said "The staffing levels were enough to meet people's needs". A relative told us "I think there are enough staff around and the staff are very good at looking after the family as well as the residents". Another relative said "I know most of the staff by name and [person] always has a call bell within reach".

The registered manager told us they had vacancies for care staff and that the recruitment was going well. Some shifts were covered by regular agency staff. The registered manager explained the agency staff received an orientation to the home, a short induction and, in addition, the copies of their competencies and training were obtained prior to them working at the service.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. These checks identified if prospective staff were of good character and were suitable for their role.

People were protected as accident and incident recording procedures were in place and appropriate action had been

Requires improvement

Is the service safe?

taken where necessary. The registered manager carried out a monthly analysis of accidents and incidents to identify any trends or patterns and to identify how to manage any risks identified.

Good

Is the service effective?

Our findings

People were supported by staff that had the right skills and knowledge to meet their needs. One person told us "Staff are excellent, I am very happy here, when I need help staff are always here for me".

Staff told us they received good training. One staff member told us they had attended several training days and felt they had a good knowledge to undertake their role. They said "Training is good; we get regular, annual refreshers". We spoke with one recently employed staff member about the training and they said they had undertaken a good induction. The induction included moving and handling, fire safety, infection control, safeguarding and dementia awareness. Staff told of how they had been allocated a mentor who had worked alongside them during their shadowing period. One staff member said "I have not been asked to do anything I felt I didn't have the skills to do". Another staff member praised the support they received during their induction. They said "I worked with a senior carer for two to three weeks. They were friendly and nothing was a problem". The nurses attended clinical training to support people's specific needs.

People were cared for by the staff who felt supported by the management in their roles. There was a system in place to provide staff with regular support sessions. Staff told us and records confirmed supervision sessions were ongoing. Supervisions are one to one meeting with their line manager. One member of staff told us "We receive plenty of support, and I have regular one to one meetings". Another one said "I feel well supported, only had my last supervision a couple of weeks ago".

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The MCA is a framework to ensure, where people lack the capacity to make decisions, any decisions made on the person's behalf are made in their best Interest. All the staff we spoke with had basic awareness of the Mental Capacity Act and they told us they had received training in this subject to help them understand how to protect people's rights. Further training sessions were scheduled for later on in the month. One member of staff said "MCA protects people's rights when they may not have a capacity to make certain decisions". We saw the nurses always asked for consent. For example, before administering medicine.

The registered manager had made referrals in relation to the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. DoLS aim to protect people who lack mental capacity, but who need to be deprived of liberty so they can be given care and treatment in a hospital or care home. The staff were aware who had a DoLS authorisation in place. One member of staff told us "[Person] is on DoLS as they would not be able to go out on their own as they may get lost". One person had been assessed as lacking the capacity to make complex decisions and we saw a request for a DoLS assessment had been submitted with regard to the person living at the service. We found the assessment had been carried out appropriately and the confirmation of the decision was awaited.

People were complimentary about the food in the home. One person said "The food is good, I eat all of it". Other comments included "The food is okay most of the time. I had mince today, we get mince quite a lot but it's lucky I like mince", "There are often sweets around for residents and relatives to help themselves to", "The food is good and I can change my mind about the menu anytime and still get what I want".

The chef had a list of people's requirements such as people's likes and dislikes and foods suitable for people with special dietary requirements. People's nutritional needs were recorded and monitored.

We observed the lunchtime meal and we noted the staff interacted positively with people and the mealtime felt unhurried. One person was shown the meals available in order for them to make a choice. People were assisted appropriately. For example, one member of staff cut up the person's food when they were asked to. Another person asked if they could have another portion of pudding and the staff provided this for them. The staff were attentive and patient. We saw the staff actively encouraging people, who were distracted to eat their meals. One person

Good

Is the service effective?

appeared confused and kept walking away from the table and we saw staff encouraging them to eat. People commented positively about the dining experience. One person said “I enjoy meal times with my wife. We always have them together”.

People were supported to maintain good health. Staff were prompt in contacting health care professionals. Any guidance received from healthcare professionals had been incorporated into people’s plans of care and followed by staff. People’s care plans contained records of visits from health care professionals such as GP, chiropodists, dieticians, opticians and the community mental health team. One person had a cardiac pacemaker fitted. Records indicated that they were supported to attend hospital for an annual check-up.

Good

Is the service caring?

Our findings

People we spoke with praised the care staff and said the staff were very good. One person said "They look after me very well". Comments from the relatives included; "[Person] is very happy here, I ask them and they would tell me if they were not happy", "I like the way they look after [person], there is nothing I would particularly want to change about the home".

People benefitted from positive relationships with the staff.

People were looked after by staff that developed positive caring relationships with them. One member of staff told us "The residents here are lovely, I really like working here". Other comments from staff included; "It's a good home; I'd recommend it for a family" and "We are like a family here; they (people) like the calm atmosphere".

We saw people were cared for by caring and compassionate staff. One person was being supported by a member of staff who kept asking the person if they were comfortable and warm enough. The member of staff went and pulled a window curtain over because the sun was shining in the person's face. Another member of staff sang along with the person they were sat with.

People's confidentiality was respected; we saw conversations about people's care were held privately and care records were stored securely. We saw staff knocking at the people's bedroom door before entering. One person told us they had been provided with a key to their room so that they could lock the door when they wanted in order to maintain their privacy. Bedrooms were pleasantly decorated and people had the opportunity to bring own furniture and items of personal value with them.

People's choices in where they wanted to spend their time were respected, with some people choosing to stay in their rooms while others preferred to remain in communal areas. People told us staff involved them in any decision about their care. One person said "I know what I need and staff talk to me about it. They do my care reviews with me. If I need anything changing, I just tell them and they'll do it, they are really nice".

People received personalised care and support. For example, one person living with dementia sometimes liked to sleep on the sofa in the lounge. This was something they used to do for many years as they worked unsocial hours and did not want to disturb their partner. The person continued to sleep on the sofa whilst at the service. Staff supported the person to continue to do this and made sure that they were warm and comfortable.

The registered manager carried out a dignity audit twice per year. The registered manager told us they worked hard to improve the quality of care and that they spent a significant time observing the care that was delivered. The registered manager told us that this enabled them to identify any areas for improvements and gather direct feedback from people and the staff.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People's choices and preferences were clearly documented.

Care plans were legible, person centred and up to date. They contained information about people's care needs. For example, in the management of risk associated with their conditions or limited mobility. The files also contained charts for recording any interventions staff had carried out, such as changes of position (turn chart), food and fluid intake, personal hygiene, application of topical medicines and equipment safety checks. There were also files kept in people's bedrooms that contained information about them. For example, moving and handling assessments and a 'snap shot' of their individual needs which enabled staff to access this information easily.

We found that people received care accordingly to their assessed needs. One person, due to their frailty, was being cared for in bed. They were at risk of malnutrition and dehydration. We found their monthly nutritional risk assessments were in place and the person's weight was monitored closely. The records reflected the person's weight remained stable. Another person had developed a pressure ulcer. We saw they had been provided with a specialist bed mattress, which had been set up appropriately to their weight. Records indicated the person had been referred to an external tissue viability nurse specialist for additional advice. The records of frequent dressings and pressure area assessments were available and these indicated that person's skin had steadily improved and was 'almost healed'.

Another person had a nutritional care plan that stated 'ensure only small portions are given' as large portions would discourage the person from eating their meal. We noted they were given small portions at lunchtime and they were offered, and ate, snacks throughout the day.

People told us the service was responsive to their needs. One person said "Staff are good, they respect what I want". A relative said "[Person] is not eating well at the moment and just snacking, we are a bit concerned, the manager said she arranged for the doctor to call yesterday to see them". Another relative said they were worried about their relative [person] "I spoke to the nurse who arranged for a test and for antibiotics with the doctor. I can't fault the care that [person] gets here". One of the external professionals commented "The manager has provided an excellent response in a very challenging situation and has made a very positive impact on my service user's life".

People and relatives were encouraged to give their views and speak to the management. The management were visible throughout the home and we saw them talking to people. People told us they would not hesitate to raise any issues with the manager. One person said "If I wasn't happy about my care I could talk to the manager". Another person said "I know the manager. If I have any concerns I will talk to them about it. I attend meetings for us (people) and we get to talk about things that are important to us". We reviewed the complaints log and saw that written and verbal complaints were recorded. There were nine complaints recorded which all were promptly responded to and resolved by the manager.

People had access to activities that reflected their hobbies and interests. There was an activity calendar in place which was overseen by an activities coordinator. Activities included flower arranging, crafts, music and movement, reminiscing and pampering sessions. There were also visits from external entertainers scheduled and a church service. The registered manager explained staff also involved people who suffered from dementia in household tasks, such as light chores or baking and decorating cakes. One relative told us "The staff make a great deal of effort to encourage my mother to participate in activities".

Good

Is the service well-led?

Our findings

The service had an experienced registered manager in post who was supported by a deputy manager. We observed they had clear lines of accountability with defined roles and responsibilities. The registered manager and deputy worked alternate weekends. This meant that some of the relatives who were not able to visit during the week still had an opportunity to meet the management.

Staff felt supported by the management arrangements in place. Staff told us they enjoyed working at the service. One staff member said "Since the new manager took over it's so much better, we have the full support now". Another said "She is the best manager we've had so far, I enjoy coming to work now". One of the nurses told us "She is approachable, a good listener and very helpful".

The registered manager was supported by the directors who visited on a regular basis and also were available on the phone at any time.

Staff meetings were a regular occurrence and staff were clear on their roles and responsibilities. The staff were mainly allocated to work on certain units and we saw that unit meetings chaired by the nurse in charge were held regularly. We noted the minutes were promptly produced and circulated to all staff. Heads of department meetings were held each morning during the week. This was to enable information sharing between the care staff, nurses, housekeeping staff, kitchen and maintenance staff. Staff were encouraged to contribute their feedback. One staff member said "You're to say what you want". Another staff member said "Everybody has a voice and you can suggest improvements".

The registered manager had systems in place to monitor the quality of the service. They undertook internal audits including infection control, risk assessments, and accidents audits to further enhance the care provided. Health and safety audits were undertaken to ensure the safety and welfare of people who used the service and to promote a safe working environment. We saw registered manager ensured relevant checks of the environment were undertaken and recorded. This included water temperatures, nurses call bell system, window restrictors, and wheelchairs maintenance. However the medicines audit conducted prior to our inspection did not highlight the concerns we identified during our visit the manager immediately expressed willingness to address this issue. The registered manager informed us that an independent audit had been scheduled for the day after our inspection. The provider recognised the seriousness of the issue and undertook urgent action to promptly remedy the shortfall and they informed us they made substantive improvements to the company's quality system in relation to medicines management.

There were systems in place to ensure that any safeguarding issues were notified immediately and promptly acted upon. The registered manager was clear on their responsibilities to notify the Care Quality Commission (CQC) and we had received notifications in line with the regulations.

We found the registered manager had promptly followed up and acted on feedback received from surveys and questionnaires. For example, people raised concern in the last year's survey that the laundry got mixed. The registered manager arranged for individual laundry baskets to be purchased and followed up with the laundry staff.

We found that several compliments about the service in general have been received since our last inspection.

Health care professionals we spoke with told us the service was well managed. They said "The manager is doing a good job. She is caring and responsive to my queries". Other comments included; "I think Princess Lodge has turned around since the manager took over, things have improved a lot", "The manager is very good, very switched on, she seems to know everything about everybody, I don't know how she does that".

Relatives told us they felt the manager and staff were approachable. One relative said "The manager is absolutely excellent; she's open to discuss anything. It always surprises me how quickly she picks things up. Great communication too, if there is anything I need to be aware of I am confident the staff will contact me". Another said "I have been to about six relatives and residents meetings already, the new manager is much better and she is seen around".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **The registered person did not have suitable arrangements in place to ensure the proper and safe management of medicines.** Regulation 12 (2)(g).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.